Community Reinvestment Area Number One Tax Exemption Program Application

Village of Canal Winchester Attn: Development Director 36 South High Street Canal Winchester, Ohio 43110

Part A: (Please complete Part A of Application and return to the Village Municipal Office) Name of Real Property Owner Date 2. Address of Subject Property Applying for Tax Exempt 3. Contact Person Name of Enterprise /Company Telephone 4. Forms of Business of Enterprise (i.e. corporation, partnership, etc) 5. Exemption sought for: New Construction_ _Remodeling_ a) If commercial or industrial enterprise, give nature of business (manufacturing, wholesale, retail, warehouse, etc.) to be conducted at site: _ b) Square footage involved: __ c) Estimate the amount to be invested for which abatement is sought (structure cost): \$___ d) Date of completion: _ 6. Does this project involve a structure of historical significance? Yes*__ * If yes, attach written certification of such by the designating agency or agent. (Landmarks commission, etc.) Pursuant to O.R.C, section 5709.85, the undersigned applicant, by its signature, agrees to comply with the nondiscriminatory hiring policy adopted under O.R.C. section 5709.832 Signature of Owner or Agent Telephone Date Name and Title of Preparer Telephone Date Part B: (To be filled out by the Village of Canal Winchester) Date Received_____ Application #_ 1. I.D. Number of CRA ___ 2. Effective Date of Legal Resolution: ___ 3. Verification of Construction Project: New Construction: Remodeling: Yes 4. Project Meets Requirements for an Exemption under Section3 of Resolution 02-01: Section A: Section B: Yes___ Yes_ Section C: Project involved structure of historical or architectural significance: Yes ___ 5. __ No___ 6. Period of Exemption for the Project: __ I verify that the project described herein meets the necessary requirement for the "Community Reinvestment Area Number One" program in the Village of Canal Winchester, Franklin County. Housing Officer Signature Date